Name in Full: David Newcomer Ankeney

Certificate of Death

Died at Town: Hagerstown County: Washington MARYLAND

Date 1897 Month 12 Day 13 Age Y. 52 M. 9 D. 12 Native of Md. Occupation Clerk

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 4

Husband / Wife of Sallie Seibert

Father's Name John Ankeney Mother's Name 81

Cause of Death: Primary Acute Gastritis How long sick 5 days

Immediate Cardiac Asthenia ~~Accident, Suicide, Homicide~~

Reported by J W B Morrison M D

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Infant named Bachtel

Died at — Town: Smithtown — County: Washington — MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| 12 | | | | 14 | Ind | |

Date 1899 — Age

Male ~~Male~~ — White — ~~Married~~ — Widow — Divorced

Female — ~~Colored~~ — Single — Widower — Number ~~of children~~ living

Husband / Wife of

Father's Name: Marshall Bachtel

Mother's Name: Martha Stuffer

Cause of Death — Primary: Pneumonia — How long sick 72

Immediate — Accident, ~~Suicide, Homicide~~

Reported by: Edgar S Smith

Address: Borntown Washington Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Joseph A. Ball

Died at Town: Boonsboro County: Washington MARYLAND

Date 189 9 Month: Dec Day: 26 | Age Y. 80 M. D. | Native of: Md | Occupation: Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Margaret C. Ball

Father's Name Joseph Ball

Mother's Name Alice Phelps.

Cause of Death: Primary Paralysis 44

Immediate

How long sick 18 days

~~Accident, Suicide, Homicide~~

Reported by W. B. Wheeler and Lane M. D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66966

Name in Full

Certificate of Death

Annie E Booze

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 1894 Month Dec Day 10 | Age Y. 48 M. 4 D. 9 | Native of Va | Occupation Housemaid

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

Husband of Wife William H Booze

Father's Name Austin Wells

Mother's Name Beckie Wells

Cause of Death: Primary Tuberculosis 22a — How long sick 1 year

Immediate Acute Exhilitation Heart

~~Accident, Suicide, Homicide~~

Reported by Frank N Emmert M.D.

Address 138 W Washington St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mrs. Chas. Boward

Died at Town Hagerstown County Wash. MARYLAND

Date 1897 Month 12 Day 6 | Age Y. — M. — D. — | Native of Md. | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Chas. Boward

Father's Name — Mother's Name —

Cause of Death: Primary Phthisis 22a | How long sick 6 mo.

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. Miller

Address 23 W Franklin St. Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full: Chas Boushalf

Certificate of Death

Died at Town: Pruesburg County: Was MARYLAND

Date 1899 ~~1900~~ Month: Dec Day: 20 Age Y. M. D.: 2 yrs Native of: — Occupation: —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number~~ of children living

Husband / Wife of: Son of

Father's Name: Keller Boushalf Mother's Name: Mrs

Cause of Death: Primary: Brain fever 39a

Immediate:

How long sick: 3 Wks

~~Accident, Suicide, Homicide~~

Reported by: Jas Boushalf J F Kreps

Address: Town Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jane Curtis

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Dec Day 31 | Age Y. M. D. about 65 | Native of Md | Occupation Housewife

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Jas Curtis

Father's Name

Mother's Name 44

Cause of Death Primary Paralysis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by E A Whitehaven

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr John S. Fuller
Sec State Board of Health
# 10 South St
Bur

Name In Full — Certificate of Death

Joseph Eshleman

Died at — Town: Hagerstown — County: Washington Co. — MARYLAND

| Date 189 | Month | Day | Age Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| 9 | 12 | 28 | 23 | 3 | 27 | Md | C |

Male / ~~Female~~ — White / Colored — ~~Married~~ / Single — Widow / Widower — ~~Divorced~~ / Number of children living

~~Husband of~~

Wife

Father's Name: ~~Joseph~~ Peter Eshleman — Mother's Name: Elizabeth ——

Cause of Death — Primary: Convulsions — 48 — How long sick: 2 years

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: D. R. Scott

Address: Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Certificate of Death

Rebecca Garrin

Died at Town: Funkstown County: Washington MARYLAND

Date 1899 Month: Dec Day: 31

Age Y. 72 M. 10 D. 5

Native of Pennsylvania

Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Hezekiah Garrin

Father's Name

Mother's Name

Cause of Death: Primary Old age 141 OVER

How long sick 5 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by Jos. H. Hoff.

Address Funkstown Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate was received from Mrs. Mary Bowers

of Funkstown

Name in Full Cornelius Green

Certificate of Death

Died at Town Belleville County Hospital Washington MARYLAND

Date 189 9. Month 12. Day 29 Age Y. 64. M. 7. D. 0 Native of Maryland. Occupation Porter

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living 1

Husband of Wife

Father's Name Don't Know.

Mother's Name Don't Know.

Cause of Death Primary Enlarged Prostate Gland. How long sick 1 mo.

Immediate Apnoea, 104 ~~Accident, Suicide, Homicide~~

Reported by C. R. Schell

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Henry Grove

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 189 Month Dec Day 4 | Age Y. 3 M. D. | Native of Md. | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Chas Grove

Mother's Name —

1526

Cause of Death: Primary — Foreign body in trachea — How long sick 4 days

Immediate — Asthenia — ~~Accident, Suicide, Homicide~~

Reported by Barnett, MD.

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

# Margaret Haring

Died at Town: Hagerstown County: Washington Co. MARYLAND

| Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|
| 12 | 15 | 6 | — | — | | |

Date 1899 Age

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of A. S. Haring

Father's Name Dalton

Mother's Name —

Cause of Death: Primary — Rheumatism. Ulceration of inferior extremity. How long sick Ten years

Immediate — Exhaustion 26

~~Accident, Suicide, Homicide~~

Reported by J. M. McScott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888

Name in Full

Certificate of Death

Isaac Holbert

Died at Town Indian Springs County Washington MARYLAND

Date 1899 Month 12 Day 1 | Age Y. 77 M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

~~Female~~ | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Pneumonia 72 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Julia Jennings

Certificate of Death

Died at Town Brownsville County Washington MARYLAND

Date 1899 Month 12 Day 7 Age Y. 10 M. 8 D. Native of Md Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of —

Wife —

Father's Name Emanuel Jennings Mother's Name Angie Brown

Cause of Death Primary Diphtheria 8a How long sick 6 days

Immediate Brain lesion from Cungs ~~Accident, Suicide, Homicide~~

Reported by J. T. Youtee, M.D.

Address Brownsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Samuel Johnson

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Dec Day 8 | Age Y. 28, M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife ✓

Father's Name

Mother's Name 1526

Cause of Death { Primary Hanging | How long sick ✓

~~Immediate~~ Executed by order of Court | ~~Accident, Suicide, Homicide~~

Reported by W. F. Morrison

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full B. Frank Kee.

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month Dec Day 27 | Age Y. 85 M. about D. | Native of Md | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living None

Husband of Wife ~~[illegible]~~ Fannie Gillus

Father's Name J. Kee

Mother's Name Eliza Douglas

Cause of Death Primary weak Heart 66

Immediate Hypostatic Congestion Lungs

How long sick

~~Accident, Suicide, Homicide~~

Reported by E. L. Warnham

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name In Full Jesse L. Koon Coffee Furnished

Certificate of Death

Died at Town Smoketown County Washington MARYLAND

Date 189 9 Dec 30 Month Day | Age Y. — M. — D. 7 | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Jacob Koon Mother's Name Ella Culler

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Brinning & Frost

Address Boonsboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79[illegible]

Attended by Dr. No Doctor

of

Seen by Coroner

of

Information contained in this certificate received

from John J. Bowman

of Snow Hill Town

Md

Name In Full

Certificate of Death

Amanda Virgil Victoria Lewis

Died at Town Pleasant Valley, County Washington Co MARYLAND

| Date 189 | Month | Day | Y. | M. | D. | Native of | Occupation |
|---|---|---|---|---|---|---|---|
| 9 | 12 | 24 | Age 26 | | 14 | Pleasant Valley | laborer |

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of Edward Lewis

Father's Name Solomon Jams

Mother's Name Sallie Smith

Cause of Death: Primary

Immediate consumption

How long sick 4 years

~~Accident, Suicide, Homicide~~

Reported by B. T. Young.

Address Smithsburg Washington Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by

X Treated with Slocums medicine

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full Mary C. Norris

Certificate of Death

Died at Town County Washington MARYLAND

Date 1894 Month 12 Day 14 Age Y. 1 M. 2 D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Chas Norris Mother's Name Ida C Norris

Cause of Death Primary Meningitis 39a How long sick 4 Days

Immediate Paralysis of Resp. Accident, Suicide, Homicide

Reported by S. S. Davis M.D.

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79893

Name in Full Lawrence Sylvester Mundy

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 12, Day 1, Age Y. 20, M. 11, D. 26 Native of Irish Co Occupation Clerk

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband of Wife V

Father's Name Geo. H. Mundy Mother's Name

Cause of Death: Primary Phthisis 22a How long sick 1 Yr.

Immediate Exhaustion ~~Accident Suicide Homicide~~

Reported by W B Morrison

Address Hagerstown Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Howard Murdock

Certificate of Death

Died at: near Hagerstown (Town) Washington Co. (E.W.) (County) MARYLAND

Date 1899 — Month: 12 — Day: 12 — Age: Y. — M. — D. 3 — Native of: Ma — Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ ~~of~~

Father's Name: Wm Murdock

Mother's Name: Martha Hoffman

Cause of Death — Primary: Indigestion — Immediate: Marasmus

82

How long sick: since birth

~~Accident, Suicide, Homicide~~

Reported by: J McPscott

Address: Hagers—

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Annie M. Robinson

Died at Town: Hancock County: Wash MARYLAND

Date 189 9 Month: Dec Day: 16 Age: Y. 80 M. D. Native of: Md. Occupation: H wife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 4

~~Husband~~ Wife of Geo Robinson.

Father's Name — Mother's Name Ann. Chase

Cause of Death: Primary Phthisis How long sick 4 Years.

Immediate

Accident, Suicide, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name In Full Sarah A. Sanders

Certificate of Death

Died at Town Downsville County Washington MARYLAND

Date 189 9 Month Dec Day 26 | Age Y. 45 M. — D. — | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of John Sanders 142

Father's Name Not Known Mother's Name Not Known

Cause of Death: Primary Fracture of femoral neck How long sick 3 weeks

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by V. M. Reichard M.D.

Address Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Mrs. Annie Catharine Smith

Died at Town: Downsville County: Washington MARYLAND

Date 1899 Month: 12 Day: 18 Age Y. 63 M. D. Native of: Germany Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living

Husband / Wife of John A. Smith

Father's Name: Geo. Sparks Mother's Name: 57

Cause of Death — Primary: heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 12-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Statler

Died at Town White Hall County Washington MARYLAND

Date 1897 Month Dec Day 4 Age Y. M. D. 7 4 Native of Md ~~Occupation~~

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Moses Statler Mother's Name Ira Statler

Cause of Death Primary Indigestion 82 How long sick 5 mon

Immediate Tympanitis ~~Accident, Suicide, Homicide~~

Reported by Dr R. W. Winstot.

Address Clearsville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

# Certificate of Death

Samuel Smyre

Died at Town Near Reedysville County Washington MARYLAND

Date 1899 Month Dec Day 29 Y. M. D. Age 74 Native of Md Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 8

Husband of Catherine Dubal 57

Wife

Father's Name Henry Smyre Mother's Name Ann. Smyre

Cause of Death: Primary Chronic Heart Disease How long sick 3 days

Immediate Acute Pleurisy ~~Accident, Suicide, Homicide~~

Reported by A. M. Hendrick M.D.

Address Reedysville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

# Caroline S. Slouffer

Certificate of Death

Died at Town: Smoketown County: Wash. MARYLAND

Date 1899 Month: Dec. 21 Day

Age Y. 68 M. 9 D. 6

Native of: Wash.

Occupation: H. wife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 1

Husband ~~Wife~~ of Peter Slouffer

Father's Name

Mother's Name

Cause of Death — Primary: Heart - Lesion 57

How long sick: 3 mos.

Immediate: Paralysis -

Accident, Suicide, Homicide

Reported by Dr. L. L. Davis

Address Boonsboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Name in Full — Certificate of Death

Lucinda A Stouffer

Died at Town: Hagerstown County: Washington MARYLAND

Date 1899 Month: Dec. Day: 21st Age Y.: 61 M.: 9 D.: 15 Native of: Wash. Co. Occupation: Invk.

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widow~~ Number of children living 5

Husbend of Wife: William Stouffer

Father's Name: Samuel Bingham Mother's Name: Susan A Bingham

Cause of Deeth: Primary: La Grippe 9 — How long sick: one week

Immediate: Hypostatic Congestion — Accident, Suicide, Homicide

Reported by: E A Warlow 8 Lungs

Address

1-9/1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

9, C.I. 116

Name in Full Annie L. Simms

Certificate of Death

Died at Town Hagerstown County Wash - MARYLAND

Date 189 Month Nov Day 11 | Age Y. 30 M. 10 D. 13 | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife Nathan Simms

Father's Name Eli Barton

Mother's Name Ella Price

Cause of Death: Primary Child Birth 12 | How long sick 3

Immediate Paralysis of Heart

~~Accident, Suicide, Homicide~~

Reported by E A Markham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Sarah Tritle

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Dec. Day 2nd | Age Y. 79 M. 7 D. 4 | Native of Maryland | Occupation Housewife

~~Male~~ | White | ~~Married~~ | Widow | ~~Divorced~~

Female | ~~Colored~~ | Single | ~~Widower~~ | Number of children living 3

~~Husband~~ / ~~Wife~~ of

Father's Name John Mentzer

Mother's Name Catharine Mentzer

Cause of Death: Primary Paralytic Stroke 44 — How long sick 10 days

Immediate Heart failure

~~Accident, Suicide, Homicide~~

Reported by J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full — Certificate of Death

Anna Catharine Waffensmith

Died at — Town: Downsville — County: Washington — MARYLAND

Date 1899 — Month: Dec — Day: 18 — Age: Y. 63, M. 3, D. 22 — Native of: Hesse Cassel — Occupation: Housewife

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

~~Husband~~ Wife of John Waffensmith 14,

Father's Name: George Frank — Mother's Name: Zeug, Margaret

Cause of Death — Primary: Septic Adenitis — How long sick: 5 days

Immediate: Acute Septicaemia — ~~Accident, Suicide, Homicide~~

Reported by: C. M. Reichard, M.D.

Address: Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full John W. Wagoner

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month Dec Day 20 | Age Y. 33 M. D. | Native of Hagerstown | Occupation Barber

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name John Wagner

Mother's Name 22a

Cause of Death: Primary Tuberculosis of Lungs | How long sick 3 weeks

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Frank H Emmert M.D.

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Lydia Ann Wilson

Died at Town: Hagerstown — County: Washington — MARYLAND

Date 1899 — Month: Dec — Day: 6 — Age: Y. 26 M. D. — Native of: 1 — Occupation: H.W.

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of Thomas J. Wilson

Father's Name James Ruck — Mother's Name Annie J Ruck

Cause of Death — Primary: Phthisis Florida — How long sick: 2 mos

Immediate: Exhaustion 22 f — ~~Accident, Suicide, Homicide~~

Reported by W B Monroe

Address Hagers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968